

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>25541</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Harold F. Davidson Jr.</u> P.O. Box, Bldg., Room No., if any _____ Street <u>630 Cook Hill Road</u> City <u>Cheshire</u> State <u>Connecticut</u> ZIP Code + 4 <u>06410</u>	4. Name, file number, and address of labor organization. Name <u>Roofers/Waterproofer Local 12</u> Labor Organization File Number <u>031154</u> P.O. Box, Building and Room Number, if any _____ Street <u>15 Bernhard Road</u> City <u>North Haven</u> State <u>Connecticut</u> ZIP Code + 4 <u>06473</u>
5. Position in labor organization. <u>Business Manager Financial Secretary Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Harold F. Davidson Jr.</u>	On <u>5/30/06</u> <u>203 772-2565</u> Date Telephone Number

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name United Union of Roosters, Water-Trade Name, if any: Roosters & Allied Workers #12

P.O. Box, Bldg., Room No., if any

Street 15 Barn hard RoadCity North HavenState Connecticut ZIP Code + 4 06473

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name United Union of Roosters Local 12Trade Name, if any: Health & Welfare FundP.O. Box, Bldg., Room No., if any P.O. Box 5817Street 60 North Plain StreetCity WallingfordState Connecticut ZIP Code + 4 06492

11.a. Nature of such dealing.

Management of Health & Welfare
Fund
B. Monthly Trustee Meetings

11.b. Approximate dollar value of such dealing.

\$291.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Wright Investors Service

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 440 Wheelers Farm RoadCity MilfordState Connecticut ZIP Code + 4 06460

14.a. Nature of payment.

Fair Value of Business Dinner

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$70.00